

Advanced ACA Compliance Benefit Consulting

Step-By-Step 2025 Zoom Webinar

Featuring Guest Presenter: Marilyn Monahan, Monahan Law Office

Wednesday, February 12, 2025, 10 am – 12:15 pm Pacific Time

The rules surrounding the ACA's §4980H shared responsibility penalties and IRS Forms 1094/1095 reporting are complex, and the consequences of getting the rules wrong are significant. The IRS is sending out penalty notices (226J letters) and good faith penalty relief is no longer being offered, so employers need to be prepared. Feel the need for a refresher? Feel the need to review what you have been doing so far to ensure you are on the right track? What's new for the 2024 filing in 2025? This program will provide "applicable large employers" (ALEs) with a step-by-step compliance plan and an overview of how the §4980H penalties work, how to measure employee hours, what ALEs need to do to avoid penalties, what the IRS is looking for when it reviews the 1094/1095 forms, and how ALEs should audit their compliance practices to ensure they are following the rules. Common pitfalls and best practices will also be discussed in this annual ACA update and training.

Webinar Fee \$25 (Clients and Broker Co-Op Members are Complimentary)



Register at: www.advancedbenefitconsulting.com/events/ACAStepByStep25

This program has been pre-approved for 2 hours of HRCI General Credit toward aPHR®, aPHRi™, PHR®, PHRca®, SPHR®, GPHR®, PHRi™ and SPHRi™ recertification through HR Certification Institute® (HRCI®).

This class is good for 2 hours of agent DOI CE Credit (Course Number 388414) Questions? Call (714) 693-9754 x 2 or toll free (866) 658-3835.

YES! I want to attend: **PAYMENT OPTIONS** __Please register me for Zoom Check enclosed. Make Check Payable to: Advanced Benefit Consulting and Mail to: Seminar attendance \$25 each. Reservations, Advanced Benefit Consulting, 5130 E La Palma Ave, Suite 211, Anaheim, CA 92807. _I am an ABC Group Benefits Client with complimentary Bill my credit card. FAX this form to (714) 693-9768 or mail to address above. registration (subject to verification) Credit/Debit Card No._ _I am an ABC Broker Co-Op Exp. Date: _____ Security Code: ____ to verification) Register me with this Discount SIGNATURE: PAYMENT ENCLOSED:_

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